

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35422**
Registrar's No. **182**

FILED OCT 18 1952

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 182	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		d. STREET ADDRESS (If rural, give location) 804 Clinton St	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) EARL		b. (Middle) EASTER		c. (Last) BALL		4. DATE OF DEATH (Month) (Day) (Year) October 8, 1952	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 28, 1881	
9. AGE (in years last birthday) 71		10. UNDER 1 YEAR Months Days		11. UNDER 1 YEAR Hours Mins.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. machinist		10b. KIND OF BUSINESS OR INDUSTRY Water Dustry & Electric Plant		11. BIRTHPLACE (City and State or Foreign Country) Bellbrook, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Ball		13b. MOTHER'S MAIDEN NAME Mary Scheller		14. NAME OF HUSBAND OR WIFE Maude Riggs Ball			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mintford Ball ADDRESS 1124 Valley, Carthage, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 16 hours 3-4 days years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/6/52 to 10/8/52 , that I last saw the deceased alive on 10/8/52 , and that death occurred at 240p m., from the causes and on the date stated above.							
23a. SIGNATURE E. Scheller (Degree or title) MD				23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 10-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct 10 -52		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo	
DATE REC'D BY LOCAL REG. 10-9-52		REGISTRAR'S SIGNATURE LB Clinton MD		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo ADDRESS			

(If licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-16-52
Jasper County Health Office

County File Number 52/10/803

Date Filed 10-16-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert H. Kneel

Licensed Embalmer No. 4459

P. O. Address

Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.